

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25141

1. PLACE OF DEATH

County..... Registration District No. 702
 Township..... Primary Registration District No. 1000
 City ST. LOUIS MO. (No. 4456, KOSSUTH AVENUE.) St. _____ Ward)

File No. _____
 Registered No. 7246

2. FULL NAME CHRISTINA EICHHORN.

(a) Residence. No. 4456 KOSSUTH AVENUE. St. 10 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE. 4. COLOR OR RACE WHITE. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK EICHHORN.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/22/1843.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWORK,
 (b) General nature of industry, business, or establishment in which employed (or employer) RETIRED.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) GERMANY.

10. NAME OF FATHER CHRISTIAN GAUER.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) GERMANY.

12. MAIDEN NAME OF MOTHER Unknown BRADER.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) GERMANY.

14. INFORMANT Mr. Bertha Ortleb
 (Address) 4456 Kossuth Ave

15. FILED Jul 22 1930 Max C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/21/30. 19

17. I HEREBY CERTIFY, That I attended deceased from July 17 1930 to July 21 1930
 that I last saw her alive on July 20 1930, and that death occurred, on the date stated above, at 4-20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Hemorrhage
07 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY Arterio-sclerosis
 (SECONDARY) July 22-30 (duration) Indefinite mos.

18. WHERE WAS DISEASE CONTRACTED? at the place.
 IF NOT AT PLACE OF DEATH, STATE PLACE, DATE OF CONTRACTING DISEASE, AND OPERATION PRECEDE DEATH. none.
 WAS THERE AN AUTOPSY? none.
 WHAT TEST CONFIRMED DIAGNOSIS? none.
 (Signed) R. D. Bigler. M. D.

July 22, 1930 (Address) 415 8th Street St. Louis Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

BRUSSELS, ILLINOIS. 7/23/30 19

20. UNDERTAKER Provost and Co ADDRESS 3710 N. Grand

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

